

Log of Meeting



Subject: Riding Mowers

Date of Meeting: July 23, 1997

Place: Harborview Medical Center, Seattle, WA

Log Entry Source: Roy W. Deppa, ESME

Commission Attendees:

CPSC: Roy Deppa, ESME
Jerry Bjork, FOWR

Non-Commission Attendees:

Harborview: Susan Altemeir, MD
Abraham Bergman, MD
Douglas Smith, MD
David Grossman, MD, MPH
Alan Tencer, PhD
Frederick Rivara, MD, MPH
Evan Simpson

Industry: John Liskey, OPEI
Cliff Boylston, Consulting Engineer
Dick DePauw, Deere & Co.
Drew Byers, The TORO Company

Summary of Meeting:

1. Abe Bergman opened the meeting with a brief overview and history of Harborview Injury Prevention and Research Center, and of Harborview's long interest in mower injuries.
2. Roy Deppa gave a presentation of CPSC's history with, and data on, riding mower injuries, concentrating on runaway/backover cases.
3. Engineering Solutions - most of meeting was devoted to this discussion. Harborview asked questions about devices to sense a child and stop mower. Industry representatives explained why these approaches won't work. CPSC agreed that it is a complex problem, with no easy solutions, but that we don't know that they've ever tried to reduce severity through mechanical approaches. Industry gave small hints that maybe more could be done.
4. Public education - Harborview is looking for ways to influence this, as a direct approach to reduce the numbers of cases. They have been successful in airing hard-hitting PSAs on

bike helmets, gun boxes, etc. They showed videotapes of some of these PSAs as examples of their work. Deere showed new label, said it has been effective. This label will become part of the voluntary standard.

5. Harborview is quite intent on moving on the issue of childhood amputations and other injuries associated with mowers. The discussion focused on potential approaches. CPSC offered the idea of task force to study cases as an approach to understanding whether design approaches may be feasible to reduce severity. The discussion concentrated on how to implement such a study, to feed into CPSC's IDI system. The idea was floated that approximately 2 years' time would yield about 150 cases. These could come from a selected group of approximately 10 trauma centers. The approach would be to establish "reportable" basis, query trauma surgeons weekly for reports, and then CPSC to follow up with phone questionnaires and on-sites. This approach would need a project manager and clerical help, funding needs between 15 - 60 K. The Task Group will design the study.

6. Abe Bergman proposed that the American Academy of Pediatrics get involved with CPSC and industry to develop enhanced information campaign. John Liskey said that OPEI would be willing to participate, depending on what it is.

7. Doug Smith will contact the Amputee Coalition of America - this group appears to have some funding and high-level support to develop projects to attach childhood amputations.. He believes they might support an effort to develop better epidemiology of amputations. This group may work through CDC, and should be very supportive of working to reduce childhood amputations. He'll approach for more information and inquiry about potential funding.